

Name in Full

Certificate of Death

Wyletta May Bear.

Town

County

4th Dist

MARYLAND

Died at

Zion

Kecile

Month

Day

II

M.

D.

Native of

Occupation

Date

1903

Jan.

6

Age

8

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John Bear

Mother's

Name

Mary B. Bear.

Cause of

Primary

Pneumonia of Foreman Chale

How long sick

8 months

Death

Immediate

Pneumonia 2 days

sick

~~Accident, Suicide, Homicide~~

Reported by

Chas. H. Miller, M.D.

Address

Zion Kecile, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Amelia Biddle

Town

County

Died at Ches. City Cecil

MARYLAND

Date 1903 Jan. 15. Age 88. 11. 18 Md. Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death { Primary Immediate

Infirmities of Age,
Senile decay,

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

2018-2019



Name
in
Full

Rueph E. Goyer
Town *N. Em* County *Calif*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

3

Month

Jan

Day

8

Years

Age

Months

Days

21

Sex

boy

Color or
Race

White

Birth-
place

N. Em

Married, Single,
Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Georg Goyer

Father's
Birthplace

N. Em

Mother's
Maiden Name

Lena Jones

Mother's
Birthplace

N. Em

Name of person giving
Information

James Jones

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Convulsion

How long

6 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

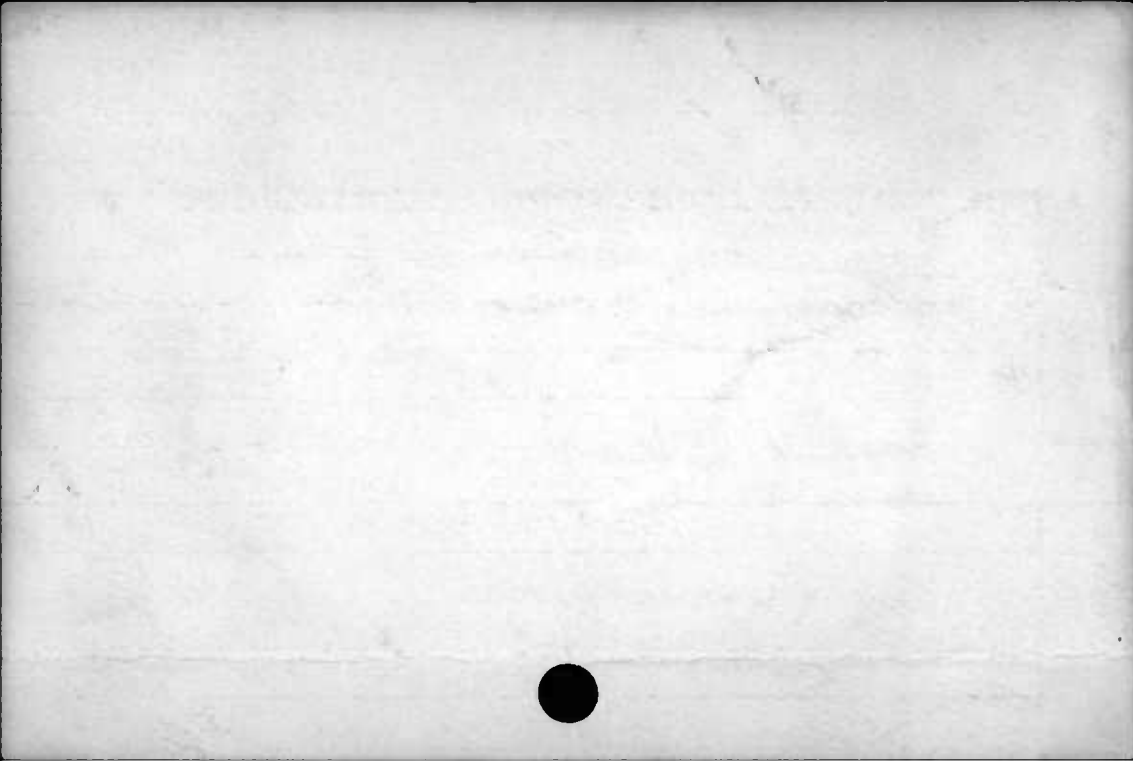
Address

Dr. R. E. Goyer
N. Em

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



David Bradley

Town

County

Died at

Barksdale

Becil

MARYLAND

Date 1903

Month Day

Jan 17

Y. M. D.

Age 67 yrs

Native of

Ireland

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Mary Bradley

Father's

Name

Andrew Bradley

Mother's

Maiden Name

Annice Craig

Cause of

Primary

Paralysis

How long sick

4 weeks

Death

Immediate

Exhaustion

66

~~Accident, Suicide, Homicide~~

Reported by

H. E. Wilson

Address

Newark Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elija Bromfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Pittsfield ^{Town} Turnock ^{County}		Cecie		MARYLAND	
Date of death 1903	Month 1	Day 22	Years 87	Months 6	Days —		
Sex Female	Color or Race White		Birth- place Cecil Co				
Married, Single or Widowed Widow			Occupation Housekeeping				
Name of Wife or Husband Abram Bromfield							
Father's Name —			Father's Birthplace —				
Mother's Maiden Name —			Mother's Birthplace —				
Name of person giving In formation Geo Haines			How related to deceased —				

• CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long 154
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Geo. M. Hunt	
	Address Perryville	
Accident or Suicide?		



Name in Full

Certificate of Death

Emily Brown

Town

County

Died at

New Baltimore

Cecil

MARYLAND

Date 1943

Month

Day

Y.

M.

D.

Native of

Occupation

1 . 6

Age

76. - -

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

two

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia

How long sick

one week

Accident, Suicide, Homicide

Reported by

R.M. Beach

Address

Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura Buck

Died at ^{Town} *Harwick* ^{County} *Beel* MARYLAND

Date ¹⁹⁰³ *189* ^{Month} *Jan* ^{Day} *30* ^{Y.} *12* ^{M.} *4* ^{D.} *0* ^{Native of} *Ind* ^{Occupation} _____

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Frank Buck*

Mother's Name *Georganna Rhodes*

Cause of Death { Primary *Consumption*
 Immediate *Exhaustion*

How long sick
6 months

~~Accident, Suicide, Homicide~~

Reported by

J J Haight MD
Harwick Ind

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *May Clark*
 Died at *Cokesbury* Town *Cecil* County
 Date 1903 *1-7* Month *1* Day *7* Y. *7* M. *mos.* D. *md.* Native of *md.* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*
 Husband of *—*
 Wife *—*
 Father's Name *Unknown* Mother's Name *Susan Clark*
 Cause of Death { Primary *Pneumonia - 93* How long sick *short time*
 Immediate *Progressive Cardiac Asthma* ~~Accident, Suicide, Homicide~~
 Reported by *L. George Taylor*
 Address *Santhio chief* *Perryville Md.*
once only

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Delia Craig

CERTIFICATE OF DEATH

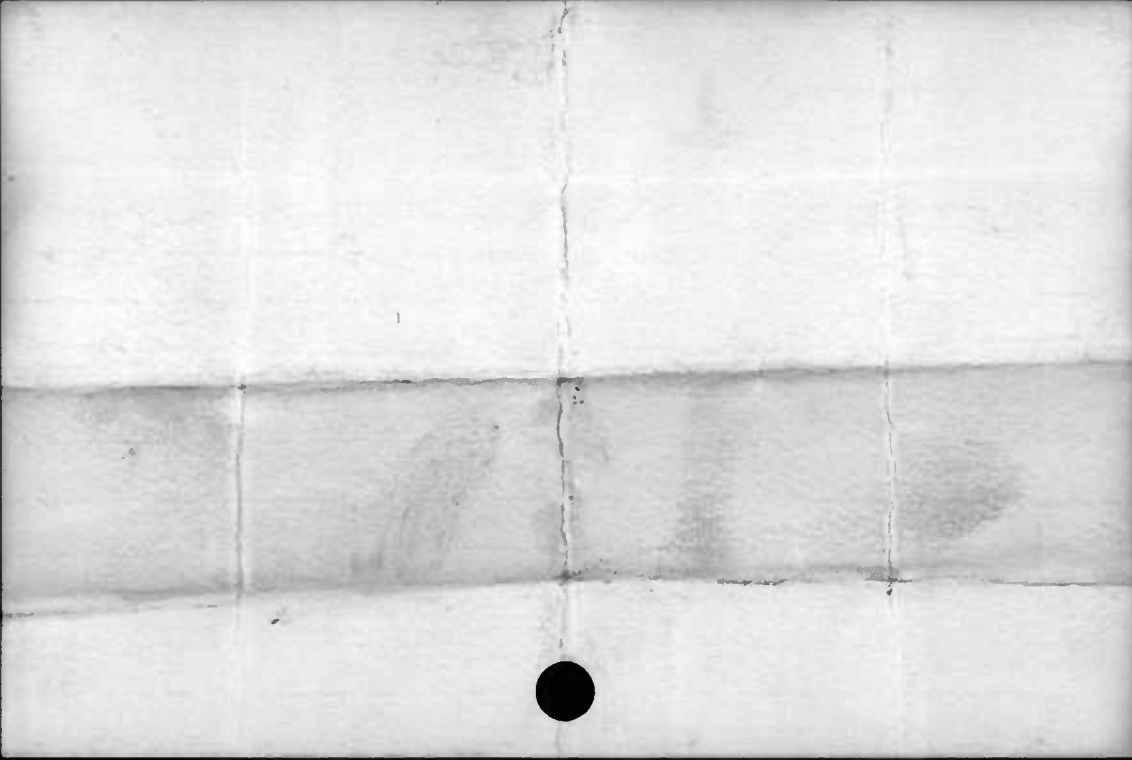
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elston</i> ^{Town}		<i>Heevis</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Jan</i>	Day <i>10</i>	Age <i>79?</i> ^{Years}	Months <i> </i> Days <i> </i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent- Co., Md.</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i> </i>			
Name of Wife Husband <i>John Craig</i>					
Father's Name <i> </i>		Father's Birthplace <i> </i>			
Mother's Maiden Name <i> </i>		Mother's Birthplace <i> </i>			
Name of person giving information <i>Mr. Margaret Thomas</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH *qv*

PHYSICIAN
OR CORONER

Primary <i>Catarhal Pneumonia</i>	How long <i>10 days.</i>
Immediate <i>Heart failure</i>	How long <i> </i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Cawley</i>
<i>8</i>	Address <i>Elston</i>
	<i>md</i>
Accident or Suicide? <i> </i>	



Name
in
Full

Margaret, A. Davis

CERTIFICATE OF DEATH

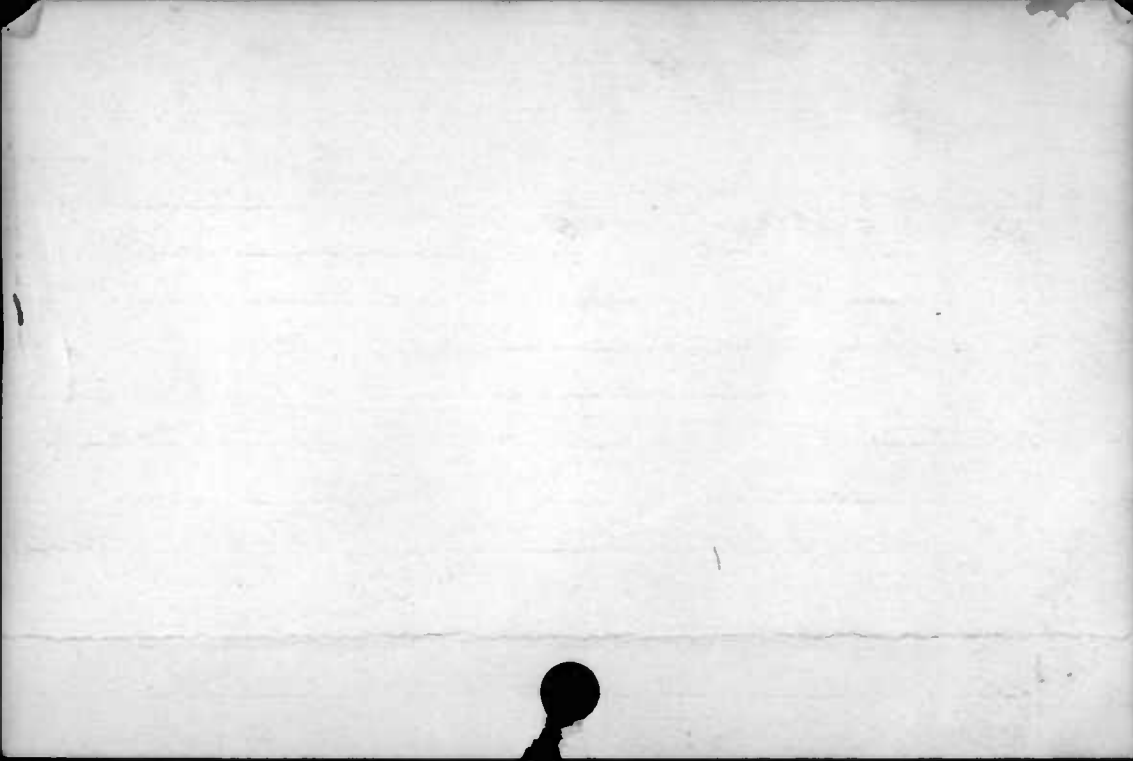
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town North East		County Becil		MARYLAND	
Date of death 1903	Month Jan.	Day 8	Age 73	Years	Months	Days	
Sex Female	Color or Race White		Birth- place Hartford Ct.				
Married, Single or Widowed Widowed		Occupation Housekeeping					
Name of Wife or Husband Abel F. Davis							
Father's Name George Mahan		Father's Birthplace Hartford Ct.					
Mother's Maiden Name Don't know		Mother's Birthplace Hartford Ct.					
Name of person giving In formation Mabel H. Simpson		How related to deceased grand-daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congestion Lungs	95	How long	few days
Immediate	Heart Paralysis		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Theo A. Worrall	
		Address North East Neop.		
Accident or Suicide?				



James Dempsey -

Died at ^{Town} *Pilot.* ^{County} *Levit* MARYLAND

Date 19*03* ^{Month} *1* ^{Day} *3* ^{Y.} *40* ^{M.} *40* ^{D.} *40* ^{Native of} *Id* ^{Occupation} *Labrer*

^{Male} *Male* ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*

^{Female} *Female* ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *4*

Husband of *Amice Trumble*

Father's Name *William Dempsey* ^{Mother's} *Kelley*

Cause of ^{Primary} *Exposure* ^{How long sick} *10 days*

Death ^{Immediate} *Acute typhus* ¹¹⁹ *119* ^{Accident, Suicide, Homicide} *Accident, Suicide, Homicide*

Reported by *Ragan & Roman*

Address *Conowingo. Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph B Fryer

CERTIFICATE OF DEATH

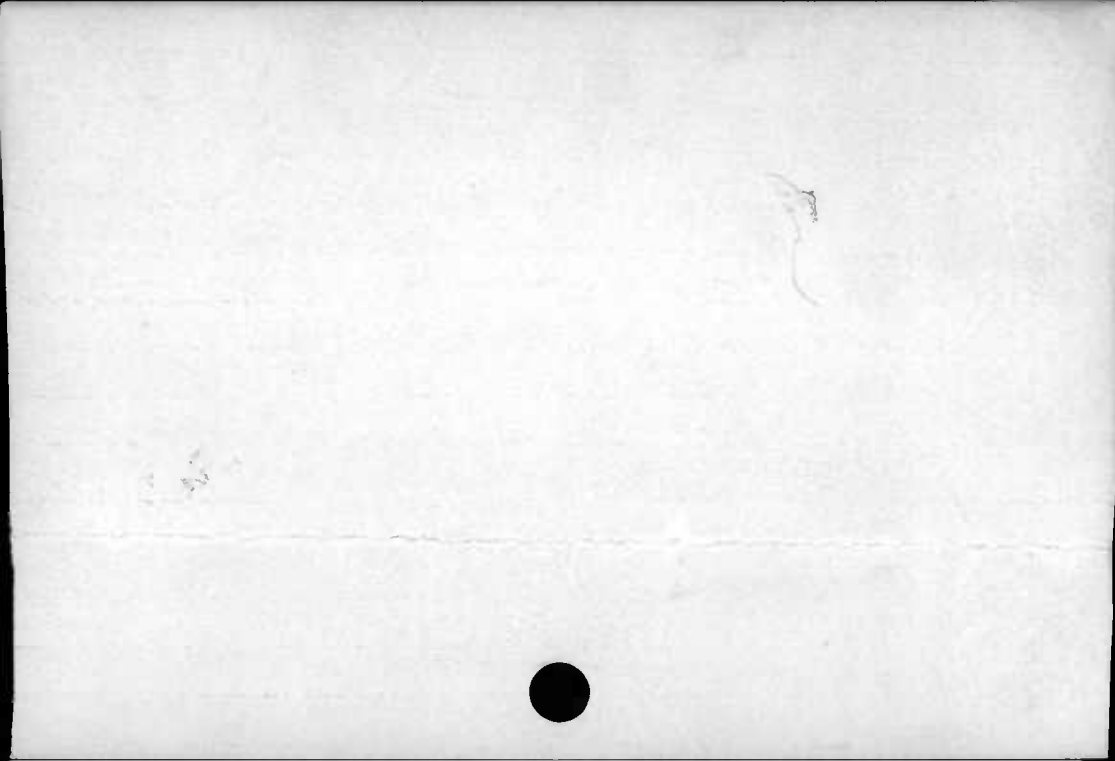
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colorado</u> Town		<u>Creel</u> County		<u>6th Dist</u>		MARYLAND	
Date of death 190 <u>3</u> <u>January</u> Month		<u>Sunday</u> Day		<u>Twenty one</u> Years		<u>Two Months 27 Days</u> Months Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>West Chester</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>					
Name of Wife or Husband <u>Sabella Fryer</u>							
Father's Name <u>David Fryer</u>				Father's Birthplace <u>Penna</u>			
Mother's Maiden Name <u>Sarah Fryer</u>				Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>W T Fryer</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Uterine insufficiency & dilatation</u>		How long <u>Three months</u>
Immediate <u>Depressed epiglottis & aspiration</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John J. James</u>
		Address <u>Livingston Md.</u>
Accident or Suicide?		



Name
in
Full

William Gray



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pilot Town</u> ^{Town}		<u>Beet</u> ^{County}		<u>5th Dist</u> ^{MARYLAND}	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>31</u>	Age <u>82</u> Years	Months <u>0</u>	Days <u>0</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Married <u>Single</u> Widowed			Occupation <u>Laborer</u>		
Name of Wife or Husband <u>Susan Cunningham</u>					
Father's Name <u>James Gray</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah Elizabeth Cavender</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mrs Nancy Smith</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age - Senility</u>	How long <u>2 yrs</u>
Immediate <u>Chronic Cystitis</u>	How long <u>20 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S J Roman</u>
	Address 
Accident or Suicide? 	



Name in Full		Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near</i> <i>Elkman</i> <small>Town</small>		<i>Becie</i> <small>County</small>		MARYLAND		
	Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Becie Co.</i>		
	Married, Single or Widowed <i>Single</i>			Occupation			
	Name of Wife or Husband						
	Father's Name <i>Samuel Hammond</i>				Father's Birthplace		
	Mother's Maiden Name <i>Comdens</i>				Mother's Birthplace		
Name of person giving Information				How related to deceased			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Still Born</i>			How long <i>—</i>			
	Immediate <i>—</i>			How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>—</i>			Signature of Physician <i>H. Arthur Mitchell M.D.</i>			
				Address <i>Elkman Md</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

Anna Elizabeth Hitchens
 Town *Elkton* County *Le Cecil*

CERTIFICATE OF DEATH

MARYLAND

Died at *Elkton*
 Date of death 190 *3* Month *1* Day *27* Age *—* Years *—* Months *2* Days *—*

Sex *female* Color or Race *white* Birth-place *Elkton*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *German Hitchens*

Father's Birthplace

Mother's Maiden Name *Kate Dick*

Mother's Birthplace

Name of person giving Information *—*

How related to deceased

CAUSES OF DEATH

Primary *Whooping Cough* *8*
Pneumonia

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

H. Arthur Mitchell M.D.

Address

Elkton Md.

Accident or Suicide? *8*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Remind

Name In Full

Certificate of Death

Clifford Edward Jewe.

Town

County

Died at

MARYLAND

Date, 1903	Month 1	Day 24	Y. 1	M. 5	D.	Native of U.S.	Occupation Baby
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of
WifeFather's
Name

Edward Jewe

Mother's
Name

Mary Peters

Cause of

Primary

Pneumonia Catarrh.

How long sick

2 weeks

Death

Immediate

Paroxysm Treat.

Accident, Suicide, Homicide

Reported by

S. M. Ragan M.D.

Address

Conowingo Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

A. M. Pagan
of *Conowingo Md.*

Seen by Coroner

of

Information contained in this certificate received from

Mother & Etc.

of

Monzoni Md.

Name In Full

Certificate of Death

Benjamin Johnson
 Town County 6th Dist.
 Died at Sykesville Cecil MARYLAND
 Date 1903 Month 1 Day 29 Age 73 Native of Md Occupation Farmer
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 3

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

Cause of Primary La Grippe 10 How long sick 5 days
 Death Immediate Pneumonia Accident, Suicide, Homicide

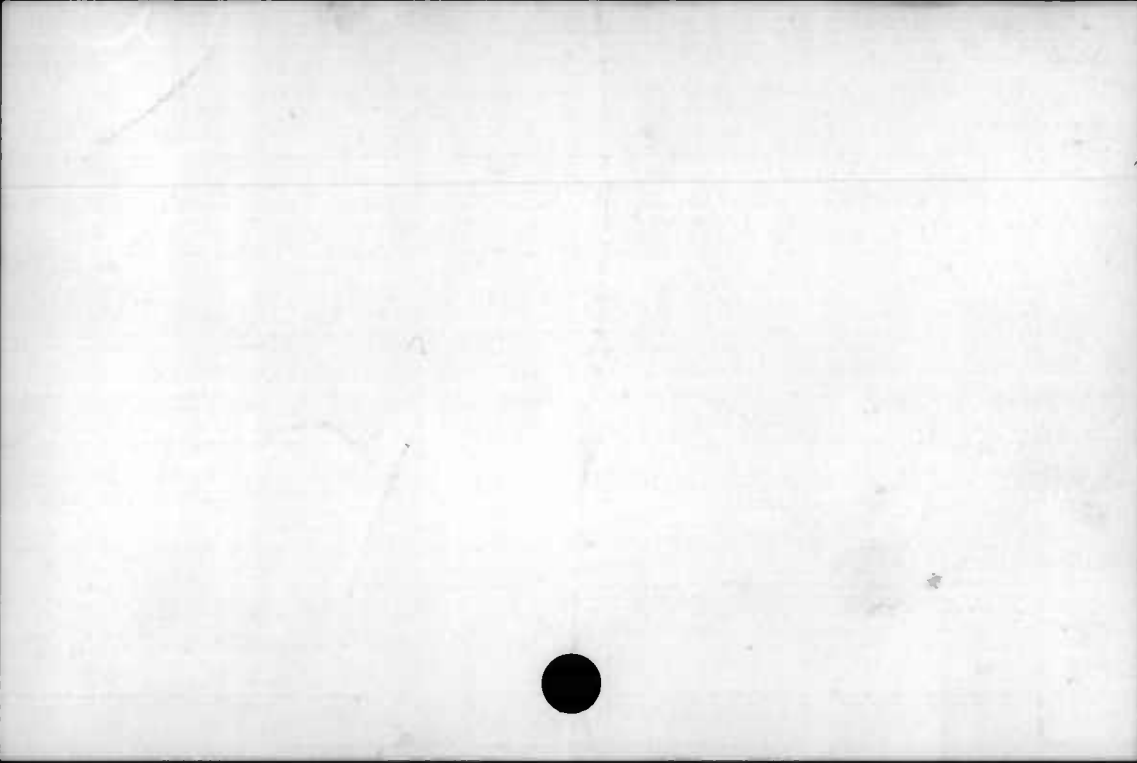
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND	Died at		City		County		MAYLAND	
	Date of death 1903		Month Jan		Day 8		Age unknown	
	Sex Female		Color or Race		Chest		Birth-place	
	Married, Single or Widowed		Mornier		Hennrich		Occupation	
	Name of Wife or Husband		John					
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information		Guabon		How related to deceased		Mornier	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	I				Address			



Name in Full

Samuel Johnson.

MARYLAND

Died at

Becilton Cecil

Town

County

Date 19

03

Month

Day

Jan 2

Age

32.6

Y.

M.

D.

Native of

Occupation

Becilton Sailing

yes

Male

White

Married

Widow

Divorced

Female

Colored

yes

Single

yes

Widower

Number of children living

Husband

of

Wife

Father's

Name

Samuel Johnson

Mother's

Maiden Name

104

Cause of

Primary

How long sick

week

Death

Immediate

Stomach Trouble

Accident, Suicide, Homicide

Reported by

Rev Wm A Harris

Address

Becilton Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at Port Deposit Calvert County MARYLAND
 Date 1913 June 16 Y. 2 M. 2 D. Port Native of Port Occupation Housewife
 Male White Married Widow Divorced Female Colored Single Widower Number of children living 0

Husband
of
Wife

Father's Name Samuel Webster Mother's Name Emma Jones
 How long sick 151

Cause of Death { Primary Leukemia Immediate 151 Accident, Suicide, Homicide

Reported by J. R. Chambers
 Address Port Deposit Calvert County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Lloyd

Town

County

MARYLAND

Died at Chesapeake

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

16

Age

8

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name Joseph Lloyd Maiden Name

Susie Lloyd

Cause of Primary

How long sick

6 months

Death Immediate

Stomach trouble 104

Accident, Suicide, Homicide

Reported by Mr B Coleman

Address Chesapeake

Ct

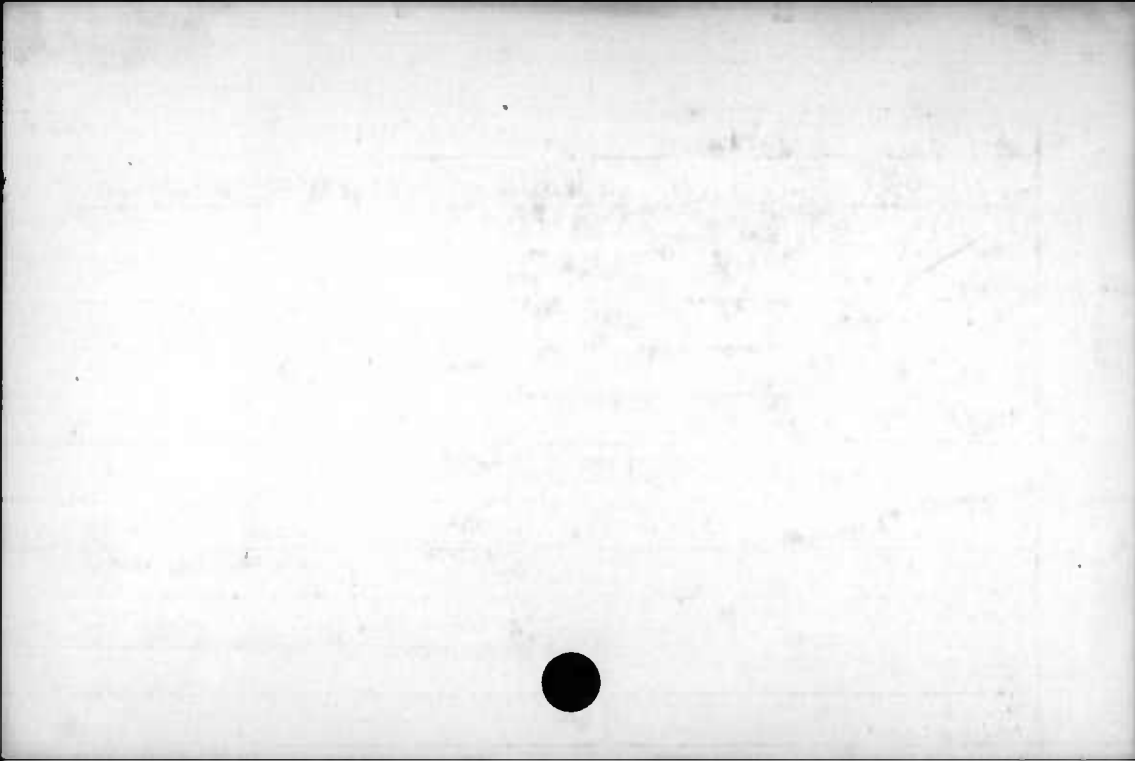
md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Moore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Elkton</i> Town		County <i>Cecil</i>		MARYLAND		
	Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Elkton</i>		
	Married, Single or Widowed <i>Single</i>		Occupation				
	Name of Wife or Husband						
	Father's Name <i>James Moore</i>			Father's Birthplace <i>Ned</i>			
	Mother's Maiden Name <i>Annie Dumas</i>			Mother's Birthplace <i>"</i>			
	Name of person giving information			How related to deceased			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Patient Still Born</i>			How long			
	Immediate <i>—</i>			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>—</i>			Signature of Physician <i>H. Arthur Mitchell M.D.</i>			
				Address <i>Elkton Ned.</i>			
	Accident or Suicide? <i>—</i>						



Name
in
Full

Annie E. Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Principio Furnace</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1903	Month <i>1</i>	Day <i>26</i>	Age <i>74</i>	Years	Months	Days.
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Cecil Co</i>
Married, Single or Widowed	<i>Widow</i>			Occupation			<i>Housekeeping</i>
Name of Wife or Husband				<i>Wm F Owens</i>			
Father's Name				<i>Jeremiah Baker</i>			
Mother's Maiden Name				<i>Molly Baker</i>			
Name of person giving In formation				<i>H. Owens</i>			
				Father's Birthplace			
				Mother's Birthplace			
				How related to deceased			
				<i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	<i>10</i>	How long	<i>few days</i>
Immediate	<i>Cardiac complication</i>		How long	<i>Heart affection over 12 years</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>L. G. Taylor</i>	
			Address	
			<i>Ferryville, Md.</i>	
Accident or Suicide?		<i>—</i>		



Thomas Patchell -

Town

County

MARYLAND

Died at Perryville -

Cecil -

Date 1903 - Jan - 17 - Y. M. D. Age 75 - Native of Ireland Occupation House

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ Female Colored ~~Single~~ Widower Number of children living 3

Husband of Ann Patchell

Father's Name John Patchell

Mother's Name - Patchell -

Cause of Death Primary Apoplexy - ~~Cor~~ How long sick 6 weeks -

Death Immediate Progressive Cardiac Asthenia Suicide, Homicide

Reported by L. George Taylor, M.D. -

Address Perryville, Md.

Neintheville

Name
in
Full

Robt Pennock

4th dist

CERTIFICATE OF DEATH

Died at ^{Town} near Providence^{County} Cecil

MARYLAND

Date

of death 1903

Month

January

Day

15

Age

Years

58

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Stone Mason

Name of Wife or
Husband

Mary R Todd

Father's
Name

Jas Pennock

Father's
Birthplace

Md

Mother's
Maiden Name

Phoeby A. Ferguson

Mother's
Birthplace

Md

Name of person giving
In formation

Saml Pennock

How related
to deceased

Brother

CAUSES OF DEATH

Primary

cirrhosis of Liver

How long

8 months

Immediate

"

"

112

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

David Mackey

Address

Lewisville Pa.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

89



Name
in
Full

Chas H Simpers 3rd Dist


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near Elkton		Cecil County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days	
	January	23	74				
Sex	male		Color or Race	white		Birth-place	Md.
Married, Single or Widowed	Married			Occupation	Farmer		
Name of Wife or Husband	Hannah Simpers						
Father's Name	Henry G. Simpers				Father's Birthplace	Md	
Mother's Maiden Name	Ann Simpers				Mother's Birthplace	Md	
Name of person giving information	Hannah Simpers				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterial Sclerosis	How long	10
Immediate	Grippe	How long	1 wk.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. Arthur Mitchell M.D.	
Address		Elkton Md.	
			
<input checked="" type="checkbox"/> Accident or Suicide?			

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Name In Full

Certificate of Death

Town Port Deposit County Smith
Beane MARYLAND

Died at Port Deposit Month 1 Day 10 Y. 1903 M. 1893 D. 1893 Native of Port Deposit Occupation Port Deposit

Date 1903 1893 Age 1893
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Port Deposit
 Wife Port Deposit

Father's Name Henry Smith Mother's Name Mrs. Muller

Cause of Death Primary Dist. Bo. How long sick
Immediate Accident, Suicide, Homicide

Reported by S. G. Fisher, M.D.

Address Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

W. J. L. L.

Name
in
Full

Ward

4th Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Cherry Hill</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small>	<i>Jan</i> <small>Day</small>	<i>15</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo Ward</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Elise Seabold</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Geo Ward</i>		<i>150</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

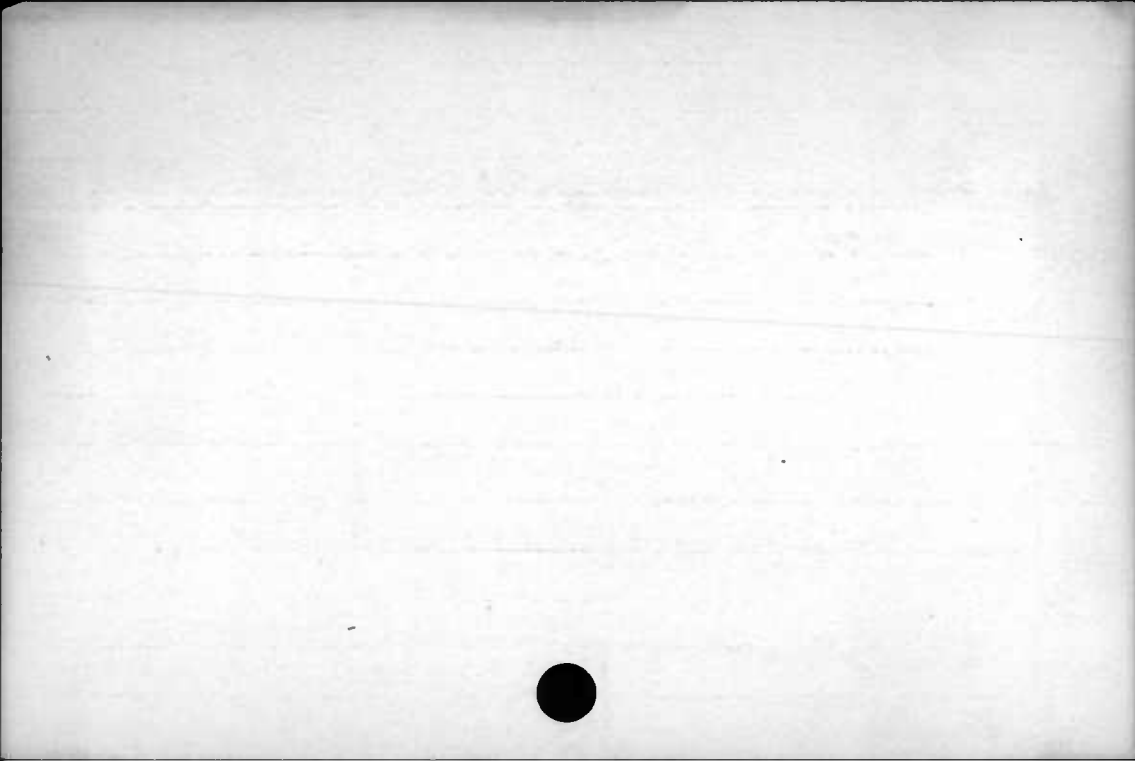
PHYSICIAN
OR CORONER

Primary	<i>Malformation of heart</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. S. Whitaker</i>	
		Address <i>Cherry Hill</i>	
Accident or Suicide? <i>8</i>			

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Name in Full		Edward Bell Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chesapeake City	County Becle		MARYLAND	
	Date of death 190	3	Month Jan	Day 3	Age	Months	Days 4
	Sex	male		Color or Race	white		Birth-place Chesapeake City
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name				Frank E. Williams		Father's Birthplace 150
	Mother's Maiden Name				Mary E. Wallace		Mother's Birthplace
Name of person giving information				Frank E. Williams		How related to deceased	Half brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Imperforate Rectum + Anus =				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Howard Bratten		
					Address St. Arthur Mitchell		
				Edmore Neal			
Accident or Suicide?							



Name in Full

Edward Scott Williams

5-district

Died at

Town Bayview

County

Lucas

MARYLAND

Date 19

03 Jan 10

Month Day

Y.

M.

D.

Not of

Occupation

Age

32m

Ma

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Cawdy Williams

Mother's

Maiden Name

Hanna Thompson

Cause of

Primary

Croup

How long sick

2 hours

Death

Immediate

Accident, Suicide, Homicide

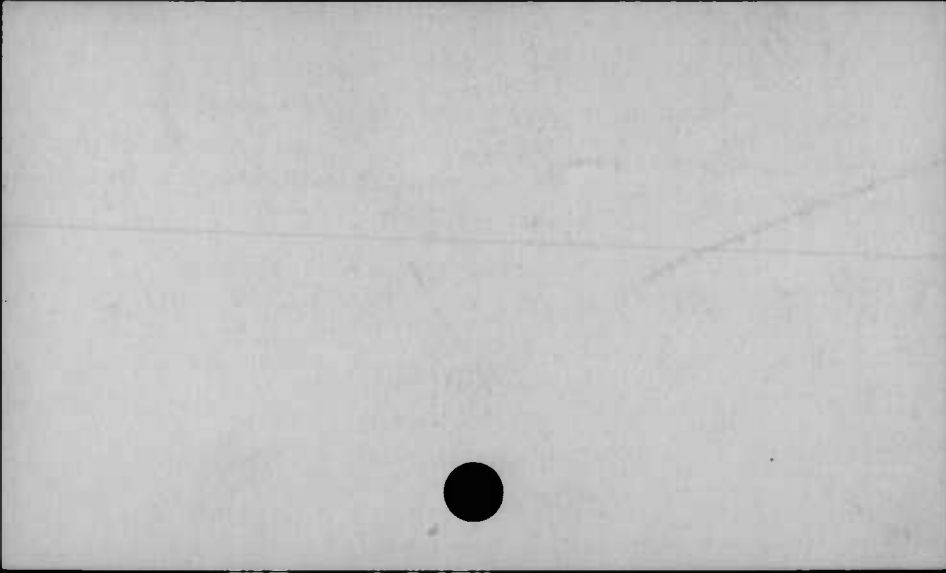
Reported by

J. H. Gifford

Address

2100 N. 1st St. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catharine A Woodall

Town

County

MARYLAND

Died at Near Elklon becie

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

22

Age

68

Ireland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Philip McGrath

Mora Costello

Cause of

Primary

How long sick

5 day

Death

Immediate

Heart disease 79

Accident, Suicide, Homicide

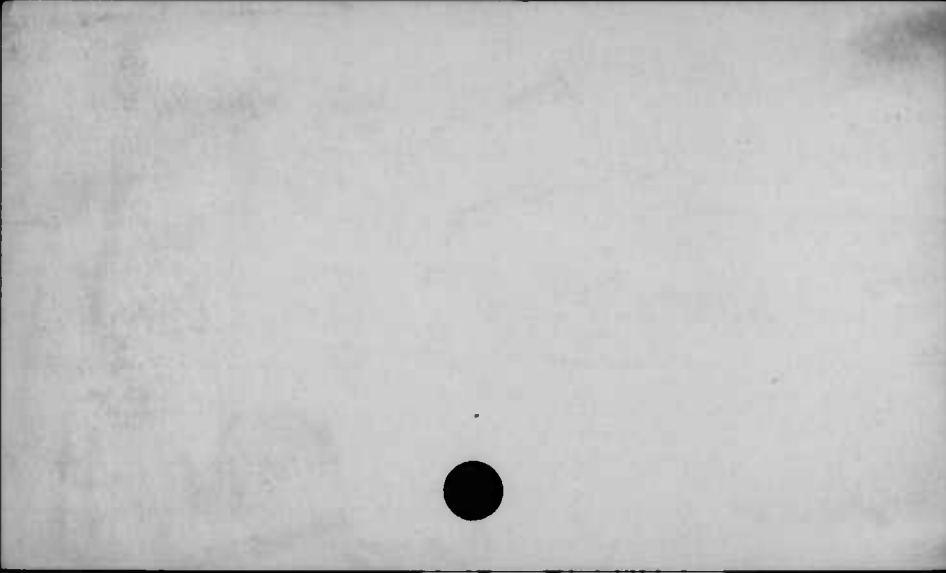
Reported by

H. Arthur Mitchell MD

Address

Elklon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daisy Wooleyhan
 near ^{Town} *Earleville* ^{County} *Cecil*
 Died at *MARYLAND*

Date 1903 *1. 18* - Age *82*
 Sex *Female* Color *White* Marital Status *Widow* Native of *County* Occupation *none*
 Number of children living *none*

~~Huband~~ of

~~Wife~~

Father's Name *Jephth Wooleyhan* Mother's Maiden Name *Davis*

Cause of Death { Primary *Consumption Lungs* How long sick *three years*
 Immediate *in* *in* ~~Accident, Suicide, Homicide~~

Reported by *E. M. Crawford M.D.*

Address *Cecil Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr. C. W. Crawford

mother was a daughter
of James A. Davis

Name
in
Full7 Dist
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nordlunn</i> ^{Town}		<i>Cecil Co.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Jan.</i> ^{Month}	<i>25</i> ^{Day}	Age <i>ninety three</i> ^{Years}	<i>00</i> ^{Months}	<i>00</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lancaster, Pa.</i>		
Married, Single or Widowed <i>Widow</i>	Occupation				
Name of Wife or Husband <i>Edward L. Larring</i>					
Father's Name <i>Robert Straubridge</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Mary S. White</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Jane Archibald</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>-</i>
Immediate <i>fracture</i>	How long <i>15</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Brown M.D.</i>
	Address
Accident or Suicide?	

